

Submit to the State Apprenticeship Office (SAO) by August 11, 2011
***** No application will be considered if received after listed deadline date! *****

TRADITIONAL APPRENTICESHIP ANNUAL REPORT FOR FY 2010-2011

1. Program Name: _____ Class #: _____

Chairman or Administrators Name: _____

2. Please complete the following:

• Requested Funding Amount (see a copy of your application): \$ _____

• Actual funds paid by the Department of Career Education to the Local Education Agency (LEA): \$ _____

• Number of Apprentices at the beginning of this past school/fiscal year: _____

• Number of Apprentices at the end of this past school/fiscal year: _____

• Number of Apprentices that **COMPLETED** their apprenticeship program: _____

• Indicate the cost per apprentice to operate your programs(s).

You may calculate this dollar amount by totaling the following funds and dividing by the number of Apprentices:

A. Amount of funds contributed by your office

B. Funds spent by all apprentices

C. Funds spent from the State reimbursement funds

• Total cost per apprentice for program: \$ _____

• Did your LEA, _____, charge the \$25 per apprentice for handling your requests for reimbursement and other paperwork? (Circle yes or no.) YES / NO

3. Funding from the Arkansas Department of Career Education (per Act 10 of 1991, as amended) is for traditional apprenticeship program improvements. **“How did this funding improve your program?”**

(Please note improvements: be specific as this information is forwarded via the AACSC to the Governor and Legislative Offices.)

Programs not submitting this report will not be eligible for funding.

This Report was completed by: _____

For State Stamp Only

Telephone: _____ Date: _____

Return this Report to: State Apprenticeship Office
Arkansas Department of Career Education
#3 Capitol Mall, Room 506
Little Rock, AR 72201-1083